EXHIBIT 2
DATE 1-29-09
HB 2

MONTANA
Department of Public Health & Human Services

Suicide in Montana

Current Suicide Prevention Activities Occurring in the State

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What has been accomplished in Suicide Prevention in Montana between January, 2008, and January 2009

- The 24/7 **Montana Suicide Prevention Crisis Line** was stabilized and received additional resources (full-time staff, computers, telephone lines, database)
- The **State Strategic Suicide Prevention Plan** was updated through the work of a group consisting of representatives from OPI, Military Affairs, Senior and Long Term Planning, Corrections, Higher Education, Tribal Representatives, private consumers, community mental health professionals, and public health. It was put out for public review and is now awaiting feedback from the Governor's Office.
- The suicide prevention crisis number appeared on the inside cover of all March, 2008 Montana **Dex phone books**.
- **Television shows** were done in March, June, and October on the Big Sky channel and Helena Civic Television concerning suicide prevention in the elderly.
- In June of 2008, the Montana Department of Public Health and Human Services began to air a **public service announcement on all local televisions stations and a number of radio stations** statewide concerning suicide prevention and identifying the statewide suicide prevention crisis line number.
- In January, 2009, a new radio PSA started on **94 stations** on the Northern Broadcasting System with the focus on middle-age males. The PSA airs state-wide but has an emphasis on ranchers and farmers in Eastern Montana.
- The Montana Department of Public Health and Human Services, in collaboration with the Montana Department of Corrections, provided funding for **Crisis Intervention Trainings for Montana's law enforcement officers**, beginning in June of 2008 and continuing.
- On April 8, 2008, Broadwater High School in Townsend was the first school to implement the evidenced-based **Signs of Suicide (SOS) curriculum**. SOS was presented to over 200 high school students. **As of January 26, 2009, 107 Montana secondary schools have SOS kits**.
- Funded **ASIST (Applied Suicide Intervention Skills Trainings)** for home health care personnel in four Montana communities (Butte, Great Falls, Billings, Miles City).
- DPHHS supported a collaboration project with **five county health departments (Gallatin, Lewis & Clark, Yellowstone, Missoula, Cascade) and Planting Seeds of Hope on improving firearm safety in their communities**.
- DPHHS provided scholarships for 20 Native American youth to attend the **Montana Urban Indian Health Suicide Prevention Workshop** sponsored by the Indian Development & Educational Alliance, Inc.

- DPHHS has funded community suicide prevention trainings and programs in **Kalispell, Helena, University of Montana (Missoula), and in District II** (consisting of 11 counties in Eastern Montana).

- DPHHS and **Shodair Children's Hospital** collaborated on implementing the **Yellow Ribbon Program in 14 high schools throughout Missoula County and Ravalli County**.

- In December, 2008, suicide prevention in Montana was the feature topic on "Health Matters" on Yellowstone Public Radio, which was broadcast throughout the state.

- **Suicide Prevention trainings** have been done for elderly caretakers, Board of Crime Control, OPI, Public Health, Nursing Students, and numerous schools around the state.

What has the Montana National Guard accomplished in Preventing Suicide in our Veterans

The Montana National Guard formed a Post Deployment Health Reassessment (PDHRA) Task Force in April 2006 to evaluate and confirm the adequacy of our redeployment processes. The following is a summary of the accomplishments of the PDHRA campaign plan:

Modified Discharge Process - The purpose is to confirm that and OIF/OEF discharge request is not related to a PTSD or other combat issue.

Developed Crisis Response Team - Two Crisis Response Teams were created. One team is located in Helena and the other in Great Falls.

Modified PDHRA Process - The current PDHRA process, conducted within 90-180 days after redeployment, has been extended out to 2 years.

Mandated Enrollment into VA System - All returning Soldiers and Airmen are now required to complete the VA Form 1010 EZ to enroll for VA benefits. This will expedite follow-on care through the VA if it becomes necessary

Suicide Prevention and PTSD/mTBI Training - Increased training has been conducted on suicide prevention, PTSD, and mTBI.

Reaffirmed Drill Attendance Policy - A policy letter was published to reaffirm a Soldier's (ARNG only) ability to drill immediately upon redeployment for the first 90-days (currently identified as a "no drill" period.)

Redesigned MTNG Website – Yellow Ribbon - The Montana National Guard website located at www.montanaguard.com was updated to include information on the Beyond the Yellow Ribbon program.

Implemented Periodic Health Assessment - This new program replaces the former Annual Medical Certificate and 5-year physical program with an annual medical review.

Redesigned Individual Mobilization Process - Soldiers who volunteer to mobilize now receive the same redeployment information as units who redeploy.

Honorable Discharge Policy - Published a policy memorandum to allow Guardsmen to request an honorable discharge based on deployment related PTSD or mTBI difficulties.

Expanded Family Resource Centers - Additional funding resources have allowed the National Guard Family Program to hire two contracted part time Family Assistant Coordinators.

State Veteran's Affairs - MT Mental Health Assn - The State Department of Veteran's Affairs has partnered with the Montana Mental Health Association to air a variety of state-wide Public Service Announcement radio spots.

Received Additional PDHRA Cycle from OSD - Senator Baucus and Senator Tester met with Dr. Chu, Undersecretary of Defense for Personnel and Readiness, DoD, and secured an additional PDHRA cycle for Montana.

Evidenced-Based Suicide Prevention Programs being utilized in Montana

- **QPR** - QPR stands for **Question, Persuade and Refer**, three steps anyone can learn to help prevent suicide. Just like CPR, QPR is an emergency response to someone in crisis and can save lives. QPR is the most widely taught gatekeeper training program in the United States, and more than 300,000 adults have been trained in classroom settings in more than 40 states. The training is available throughout Montana and only takes one to two hours.
- **ASIST** – ASIST stands for **Applied Suicide Intervention Skills Training** and is a two-day workshop designed to provide participants with gate-keeping knowledge and skills. Gatekeepers are taught to recognize the warning signs and to intervene with appropriate assistance.
- **SOS: Signs of Suicide** - School-based program which combines a curriculum that aims to raise awareness of suicide and reduce stigma of depression. There is also a brief screening for depression and other factors associated with suicidal behavior. It has been implemented in over 4,000 schools nationwide (ADDITIONAL INFORMATION ABOUT SOS IS ATTACHED ALONG WITH SCHOOLS CURRENTLY ENROLLED)
- **Teen Screen** - Identifies youth, through a screening instrument, who are at-risk for suicide and potentially suffering from mental illness and then ensure they receive a complete evaluation.

- **Crisis Intervention Training** - CIT came out of the Memphis Police Dept. and is a training for law enforcement officers to help them manage mental health issues when they respond to a call.

Other Possible Prevention Program

- **Good Behavior Game** The classroom management strategy is designed to improve aggressive/disruptive classroom behavior. It is implemented when children are in 1st or 2nd grade in order to provide students with the skills they need to respond to later, possibly negative, life experiences and societal influences. Studies have suggested that implementing the "Good Behavior Game" may delay or prevent onset of suicidal ideations and attempts in early adulthood (Wilcox, H.C, Sheppard, K., Hendricks, B., Jeanne, M, Poduska, N.S., Ialongo, W.W., Anthony, J.C. (June, 2008). The impact of two universal randomized first- and second-grade classroom interventions on young adult suicide ideation and attempts. *Drug and Alcohol Dependence*, 95(1), S60-S73.)

For additional information about these programs or other evidenced-based practices, go to http://www.sprc.org/featured resources/bpr//ebpp.asp or http://www.nrepp.samhsa.gov/index.htm

FOR SPECIFIC SUICIDE PREVENTION ACTIVITIES OCCURRING AROUND THE STATE OF MONTANA, PLEASE REFER TO APPENDIX A ON PAGE 49 OF THE MONTANA STRATEGIC SUICIDE PREVENTION PLAN.

Screening for Mental Health
a non-profit 501 (c) (3) organization

SOS
SIGNS OF SUICIDE®
Suicide Prevention Program

MONTANA
Department of Public Health & Human Services

What is the SOS Signs of Suicide® High School program?
The SOS Signs of Suicide® High School Program is a nationally recognized, easily implemented, cost-effective program of suicide prevention for secondary school students. It is the only school-based program to:

- Show a reduction in suicide attempts (by 40%) in a randomized controlled study (American Journal of Public Health, March, 2004).

- ❖ Be selected by SAMHSA for its National Registry of Evidence-based Programs and Practices (NREPP).
- ❖ The SOS Program has also documented a dramatic increase in help-seeking behavior by others (Adolescent and Family Health, 2003).

SOS Signs of Suicide® programs are depression awareness and suicide prevention programs that can be implemented in one or more classroom periods by existing school staff. The SOS programs can also be used in alternative settings serving youth such as: social clubs, after school programs, and juvenile justice systems.

The main teaching tool of the SOS programs is a video that teaches youth how to identify symptoms of depression and suicidality in themselves or their friends, and to respond effectively by seeking help from a trusted adult. A Discussion Guide accompanies each video and includes topics for classroom discussion. The program also includes an optional brief screening tool (only 7 questions) that can be used to identify high risk students.

The programs' primary objectives are to educate youth that depression is a treatable illness and to equip them to respond to a potential suicide in a friend or family member using the SOS technique. SOS is an action-oriented approach instructing students how to ACT (Acknowledge, Care and Tell) in the face of a mental health emergency. The SOS programs also provide education materials for youth, parents, and school staff, including post-vention guidelines.

There is also a middle school program for grades 6th through 8th.

What makes SOS a good fit for Montana schools?

- ❖ It can be easily implemented into a variety of classes (Health, English, Social Studies, Communication Arts, P.E., etc).
- ❖ Uses existing school resources and only needs one or two people to coordinate the program.
- ❖ It can be implemented in as little as one classroom period (or up to three)
- ❖ The program is very flexible. Schools can use the parts of the program that fit their needs.
- ❖ It has research showing that it is safe, effective, and not a burden to school support staff.
- ❖ It promotes collaboration between schools and parents as well as community mental health providers.
- ❖ Serves as a risk management tool for schools.
- ❖ Has been shown to be an effective prevention program for a wide variety of demographics, in both rural and urban settings.

What is the cost of the program?

- ❖ **NOTHING!** The Montana Department of Public Health and Human Services is willing to purchase the SOS Program for all Montana secondary schools willing to implement the program (the regular cost is $300 per kit).

For additional information about the SOS program, please contact:

Coordinator

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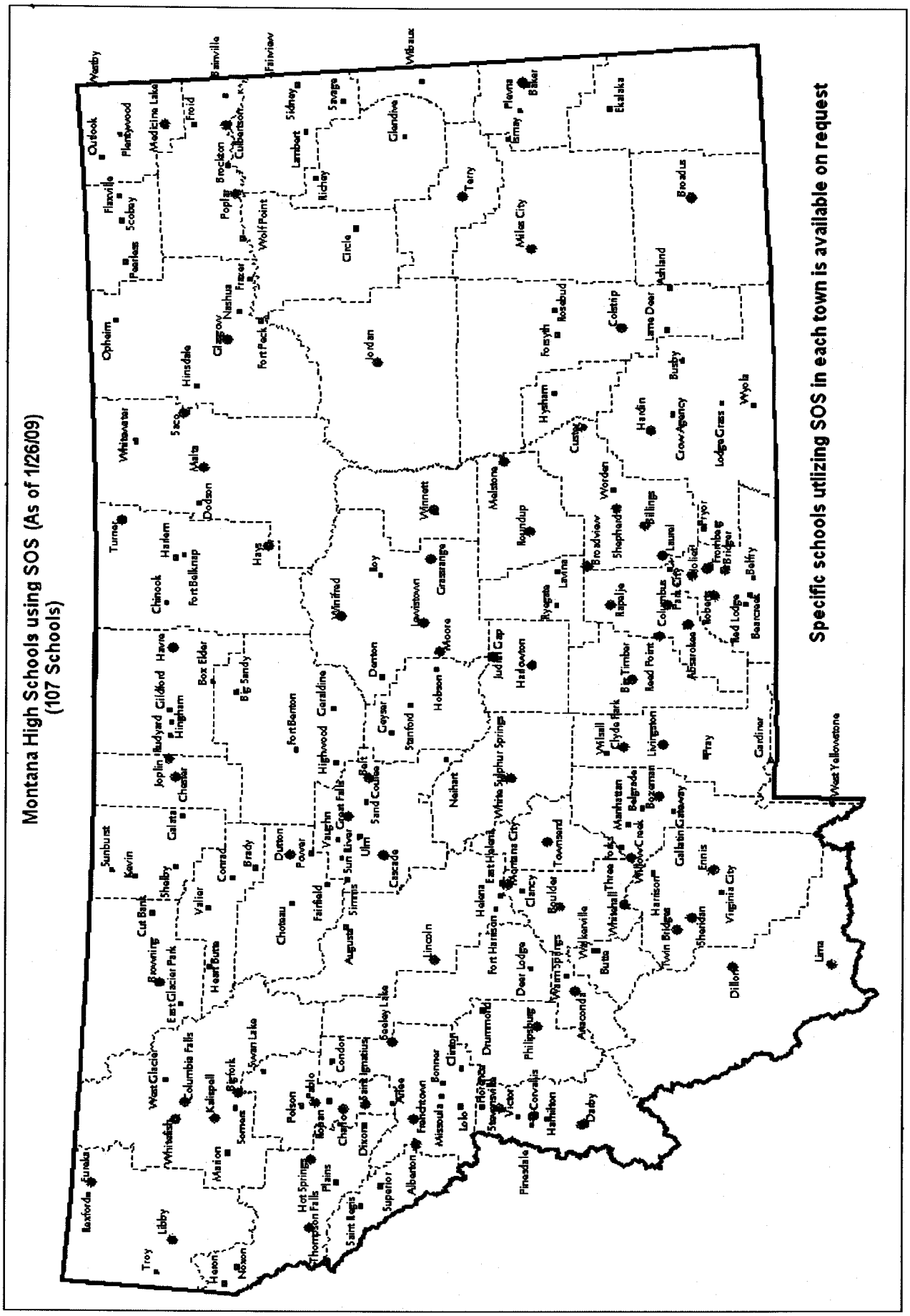

Montana High Schools using SOS (As of 1/26/09)
(107 Schools)
Specific schools utilizing SOS in each town is available on request

MENTAL HEALTH DROP-IN CENTERS

Update provided for Joint Appropriation Subcommittee on Health and Human Services
February 2, 2009

For the State fiscal years 2008 and 2009, the State requested proposals to initiate, continue, improve, and/or amend existing programs to ensure that Drop-In Center funds are directed to activities for eligible persons. This grant was not intended to fully fund any single Drop-In Center, but to support community collaboration of services and funds. The State requested proposals from eligible entities (i.e., political subdivisions or non-profit, private entities) that have experience in providing services to persons with serious disabling mental illness, including veterans.

Reporting Requirements;
Contractor(s) must provide timely and accurate reports of all activities to the Addictive and Mental Disorders Division (AMDD) in a format that has been agreed upon by AMDD. Annual reports for activities funded under this RFP are required on or before August 1st of each year following the funding period. Quarterly reports are required during the Term of Support. (copy of reporting format is attached)

Outcome Measures;
Outcome measures that are expected from Drop-In Centers include, but are not limited to-

- numbers of clients served
- number of recovery oriented activities offered
- Scope of collaborations with other community organizations

Targeted Population.
Serve adults with SDMI and adults with SDMI and co-occurring substance use disorders. SDMI is defined in ARM 37.86.3502(2). If an expanded population is targeted, the proposal must indicate how that population's specialized needs will be addressed.

Outreach and Engagement Services. Local Drop-In Centers are encouraged to collaborate with existing community resources, Local Advisory Councils and Chemical Dependency services to provide activities that are not available through or included in mainstream mental health systems.

Collaboration with Other Community Based Resources. Local Drop-In Center projects should use existing resources to leverage services and supports or propose ways that this capacity will grow. Leveraging involves: collaboration with other community-based organizations and education about the needs of, advocacy for, and appropriate interventions with, persons who have mental illnesses and/or substance use disorders. The goal of a Drop-In Center is to engage people who have a mental illness and/or substance use disorder and support them toward a recovery process, linking with other providers when appropriate.

Assuring services to persons who have a Substance Use Disorder, Co-occurring with the primary diagnosis of mental illness. Drop-In Center eligible consumers often have a dual diagnosis of serious mental illness and substance abuse that intensifies treatment problems. Effective interventions require specific skills by staff that have been trained to find, recognize, engage, and treat persons with co-occurring disorders. Peer support and peer counseling along with collaboration and cooperation among service providers are important elements of successful approaches to recovery. Recommendations from family members, consumers, and mental health and substance abuse providers should be publicly solicited and documented as part of the Drop-In Center proposal.

Grant funds were **not** made to any entity that had a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse or that had a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

Specification of Activities; The following activities are preferred for Drop-In Center programs:

- Maintenance of a safe environment for mental health consumers to socialize with peers, acquire information, or attend educational groups.
- Specific educational group activities available in a Drop-In Center program may include: life skills for community living, WRAP or Peer to Peer trainings, mental health clinics, referrals for primary health services, housing and vocational rehabilitation support.
- A minimum of one weekly group (see above) that is peer run and recovery focused.
- Outreach and engagement of consumers must be co-occurring capable, recovery oriented, and in collaboration with other community services.

Consumer-Run and Peer Services; Proposals that involve consumer-run and/or peer services must describe a detailed plan for hiring, training, supervising and supporting all consumer staff, including administrators. Plans must include the following elements:

- Compliance with the ADA.
- A description of possible accommodations that may be offered to assist peers or staff to achieve their goals and acquire new skills and abilities.
- Specific training programs and policies that ensure employees develop skills that enable them to move on to new levels of responsibility.
- A plan to assist consumers to balance work and benefits effectively.
- A clear description of the proposed program's organizational structure that includes position descriptions for peers, staff, directors, and supervisors.

Outreach and Engagement; Proposals should include a method for identifying people in the *targeted* population and working to inform them of Drop-In activities and programs. At a minimum, active outreach includes:

- Outreach information to jails, shelters, safe houses, police departments, Native American locations (reservations, urban centers, Indian Health Service, etc.), bus depots, camps, and bridges.
- At least quarterly outreach contacts to Veterans' service programs located within contractor's geographic catchment area. Print, face-to-face or telephone contact, which includes orientation to the Drop-In Center and other Mental Health Services, must be made no later than 60 days after this contract is signed. All outreach contacts must be documented.
- Identification of people who are homeless and have a mental illness.

This RFP review committee included 6 community members and 3 AMDD staff members. The 6 community members were selected by their respective SAAs and included 2 individuals from each of the three Service Area Authorities.

Proposals Awarded

	1st year		Subsequent years
	Awarded Start up $		Awarded
1. Eastern Montana MHC- Miles City	$5,400.00		$16,202.00
2. Gallatin MHC- Bozeman	$34,274.00		$67,535.00
3. Montana Mental Health Association	$17,224.00		$49,762.00
4. South Central Montana MHC- Billings	$57,230.00		$152,841.00
5. Western Montana MHC- Livingston	$52,759.00		$85,307.00
Totals	**$166,887.00**		**$371,647.00**

Updates from each program:

Eastern Montana, MHC- Miles City Eastern Montana mental health Center has added 15 hours per week of evening and weekend time to their Day Treatment center located at the MHC. Consumers can now have a safe place to socialize, get support, employment opportunities and peer mentoring during this times. The drop in center is mostly peer run with the goal of servicing those with SDMI and co-occurring diagnosis.

Gallatin MHC- Bozeman The Gallatin Mental Health Center has developed a consumer-run, peer services Drop-In Center in downtown Bozeman located at the Medical Arts complex at 300 North Wilson, on the main floor. The hours for the Drop-In Center are Monday through Friday 9:00 a.m. to 6:00 p.m. and Saturdays 10:00 a.m. to 4:00 p.m. The location provides some autonomy for the Drop-In Center and easy access to the mental health center for consumers and Drop-In Center staff. Bus service is available from 8:30 a.m. to 6:30 p.m. weekdays and weekends. The Gallatin Mental Health Center has a van for transportation after bus hours. The essential goal is the development and maintenance of a safe environment for mental health consumers to socialize with peers, acquire information, or attend educational groups.

Montana Mental Health Association (warm line 1-877-688-3377) The Montana Mental Health Association has initiated a statewide, telephone- and internet-based Drop-In-Center for the purpose of providing activities to individuals who have a serious mental illness and/or a co-occurring substance use disorder. This program is designed to provide support and resources to Montanans dealing with mental health issues, especially those in rural/frontier areas where no services are available. The Virtual D-I is collaborating with existing community resources to provide activities that are not available through or included in mainstream mental health systems. In addition, because it is phone- and internet- based, Virtual D-I will outreach to every corner of the state, including the many communities that are too small or remote to sustain a site-based Drop-In-Center. The warm line is available from 5:30 pm to 9:30 pm Monday through Friday and 1-5:00 pm on Saturday. In the future, they hope to greatly expand hours; it is also hoped to include open chat, FYI sessions, and support groups for a variety of disorders/co-occurring illnesses. All services are free to participants, and most are staffed by consumers.
This service is continuing to develop and currently has a weekly bi-polar support group on Tuesday evenings from 6-7 pm.

Number of Calls on the Warmline:
Sept '08: 72 Calls
Oct '08: 141 Calls
Nov '08: 240 Calls

Bipolar Support Group
Session 1: 7 registrants
Session 2: 6 registrants

South Central Montana MHC- Billings SCMRMHC is using funds provided by this grant to identify and engage adult individuals who are seriously disabled by mental illness (SDMI), and/or are diagnosed with co-occurring disorders. Some of these individuals may be homeless. On average, the HUB serves 90 consumers each day. The Drop-In Program is open for operation a minimum of 40 hours each week. The Hub Drop-In Center now offers a peer-to-peer recovery group which will meet on a weekly basis. This group will also provide individual, peer-to-peer and co-occurring support. The Hub will now provide a job club to consumers which will offer training in vocational skills provided by an on-site Certified Rehabilitation Counselor. This group also provides assistance in job search, writing resumes and practicing work appropriate behaviors. Each job club participant has an individualized employment plan.

Western Montana MHC- Livingston This grant added a Drop-In Center to the existing services (The Mountain House Day Treatment program) for persons with serious mental illness and for persons with mental illness and a co-occurring substance use disorder. Drop-In Center Goals include assisting current and future clients in coping with mental illness and co-occurring substance abuse in the areas of employment, housing, symptom interference and substance abuse. Local mental health consumers are the driving force behind this peer run center and are very excited about the addition of this Drop-In Center, including the new peer run recovery groups. The Drop-In Center will increase the number of clients served by adding peer run recovery groups and by reaching out to potential clients in the community who have co-occurring disorders. The Drop-In Center's goal of increasing recovery activities will be reached by offering recovery activities outside current day treatment hours four days a week. The drop in center is currently opened 5-7 pm Monday & 3-5 Tuesday thru Thursday. The Mental Health Center will be finished with the renovations on their new space by the end of February. The new space is being been rented by the MHC specifically for the Drop-In Center. They will be opened 6 hours per day, 5 days a week by March 1st.

Number Served Reporting Quarter	*3Q 2008*	*4Q 008*
Eastern Montana MHC- Miles City	**59**	**54**
Gallatin MHC- Bozeman	**769**	**970**
Montana Mental Health Ass. Virtual Drop-In Center	**25**	**125**
HUB, SCMHC- Billings	**282**	**322**
WMMHC- Livingston	**152**	**236**

(Reported monthly activity for each Drop In Center is available upon request.)

There were two (2) drop in centers that were funded under what AMDD referred to as Recovery Grants. These grants were for start up funds only (OTO), they were specifically funded for start up of recovery oriented programs for this biennium only.

These 2 programs are located in Missoula (Salcido Center, affiliated with the Poverello Center) and in Helena ("Our Place", affiliated with RMDC). They have the same reporting criteria and deliverables as the 5 Drop-In Centers who have continued funding.

Missoula;
This program opened on December 19th, 2008. The hours are from 7:30 am until 6:30 pm, 7 days a week. They have a high level of support from the community, including police, mayor and neighbors. The Salcido Center was granted $52,225.00 from AMDD this year for start up funds. This funding ends June 30th of this year, 2009. Currently the Salcido Center serves around 100 persons per day.

Helena;
The Helena Drop-In Center is still in the development phase. They are planning to be operational in March of 2009. They have been delayed with building changes required by the City of Helena for their site at 631 N. Last Chance Gulch (downtown Helena). They have developed a board of directors, policy and procedure manuals and leased a building. They were granted $110,186.00 from AMDD for start up funds for this year.

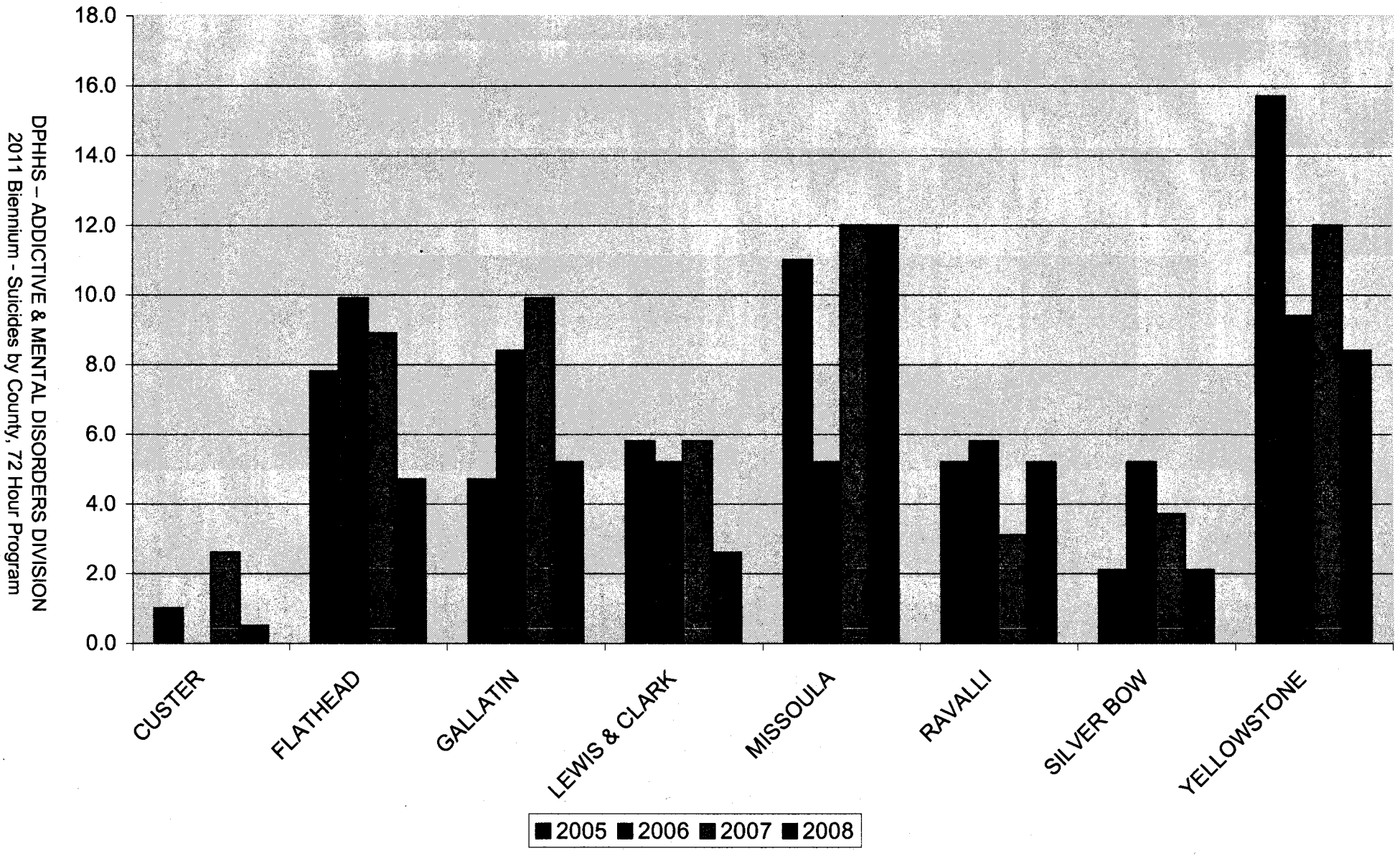
Information provided by:
Addictive and Mental Disorders Division
Department of Public Health and Human Services

Montana State Hospital Admissions Trend – FY2008

72 Hour Presumptive Eligibility Program for Crisis Stabilization
Implemented March 2008

County	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009 through December 31st	Average Number of Admissions FY 04 through FY 08
Missoula	92	78	80	105	107	57	92
Lewis and Clark	62	62	75	63	**100**	**39**	72
Gallatin	44	58	50	44	52	35	50
Silver Bow	96	103	117	103	**84**	**32**	101
Yellowstone	73	71	67	46	54	30	62
Flathead	25	36	36	53	28	19	36
Ravalli	15	17	25	21	29	16	21
Custer	12	10	8	12	**17**	**7**	12

Percent of State Total Suicides by County, 72 Hr Program



DPHHS – ADDICTIVE & MENTAL DISORDERS DIVISION
2011 Biennium - Suicides by County, 72 Hour Program